



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services  
255 Rockville Pike, 2nd Floor  
Rockville, Maryland 20850-2368  
240-777-3986 Fax 240-777-3088

### BINGO LICENSE APPLICATION

Application is hereby made for a Bingo Permit in Montgomery County, Maryland

New ☐

Renewal ☐

TODAY'S DATE \_\_\_\_\_

(Please Print)

Please check type: ☐ Annual

Date and Time: \_\_\_\_\_

☐ Ten Day

Date and Time: \_\_\_\_\_

☐ One Day

Date and Time: \_\_\_\_\_

Name of Organization Conducting Bingo: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

*Street Number and Street Name*

*City*

*State*

*Zip Code*

Telephone Number: \_\_\_\_\_

*include area code*

To Benefit: \_\_\_\_\_

Location of Bingo: \_\_\_\_\_

*Street Number and Street Name*

*City*

*State*

*Zip Code*

Name of Organization Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Address of Organization Officer: \_\_\_\_\_

*Street Number and Street Name*

*City*

*State*

*Zip Code*

Telephone Number: \_\_\_\_\_

*include area code*

Person(s) actually conducting game(s): \_\_\_\_\_

*(Must be Montgomery County resident(s) and member(s) of the organization)*

**Two Page Application – Be sure to complete both pages.**

#### OFFICE USE ONLY

Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Record Number: \_\_\_\_\_

I, the undersigned:

- a. Having read Article 27, Section 255B, the organization I represent is eligible to conduct a Bingo under said law,
- b. No agreement exists for the diversion of any proceeds from the Bingo to any other person, or legal or business entity,
- c. No person, or legal or business entity shall receive any portion of the proceeds of the bingo except in furtherance of the purpose of the non-profit organization.

Signature of Organization Officer Responsible: \_\_\_\_\_

Title of Organization Officer Responsible: \_\_\_\_\_

***Please have application notarized below.***

State of Maryland

Montgomery County, to wit:

This certifies that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before the subscriber, a Notary Public in and for the State and County aforesaid personally appeared the applicant(s) named in the foregoing application and made oath in due form of law that the statements made therein are true to the best of his/her knowledge and belief.

Witness my hand and official seal.

My commission expires; \_\_\_\_\_

\_\_\_\_\_  
Notary Public

***The following attachments must accompany the application***

1. Submit a brief statement of purpose and objective of your organization and purpose for which proceeds will be used, signed by the applicant(s).
2. Submit the names and addresses of all organization officers and directors.
3. Submit a copy of the letter your organization received from the Internal Revenue Service establishing your group as a non-profit organization exempt from federal income tax under section 501 (C) (3), (4), (7), or (10) of the Internal Revenue Code.

Fee Information: *Please refer to Bingo Fact Sheet*

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850. Payment must be made by check or money order, payable to **“Montgomery County, Maryland”**. ***We are unable to accept cash payments.***